



King County

Date request form received from employee

Protected Family and Medical Leave Response Form

Family and Medical Leave Act (FMLA) ♦ King County Family and Medical Leave (KCFML)

Washington Family Leave Act (WFLA) ♦ Washington Family Care Act (WFCA)

Pregnancy, Childbirth, and Pregnancy Related Conditions (PCPRC)

Read all instructions before completing this form.

- You (supervisor or department human resources contact or designee) must complete this form within five business days, absent extenuating circumstances, to respond to an employee's leave request. You may have received a leave request because an employee submitted a Protected Family and Medical Leave Request Form.
- When you have completed this form, provide copies to:
 - The employee (if leave has already begun, mail a copy to the employee's home address; if leave is denied, complete this form with the denial information section completed)
 - Your department human resources contact or designee
 - Benefits, Payroll and Retirement Operations (mail a copy to The Chinook Building CNK-ES-0240, 401 Fifth Avenue, Seattle, WA 98104; mark the envelope "confidential"; call 206-684-1556 for details).

Employee requesting leave

Name _____ Employee ID 0000 _____

Leave request type and response – check all that apply

If leave is for a family member, enter name and relationship of family member: _____

FMLA/WFLA leave is for paid leave or unpaid leave	1	Serious health condition of: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent or an individual who stands or stood <i>in loco parentis</i>
	2	<input type="checkbox"/> Birth of son/daughter, care for newborn, placement for adoption or foster care
	3	<input type="checkbox"/> Employee workers' compensation injury/illness Claim No. _____
	4	<input type="checkbox"/> Serious health condition of military service member
	5	<input type="checkbox"/> Qualifying exigency leave associated with call to active duty
KCFML leave is for unpaid leave only (includes donated leave)	1	Serious health condition of: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic partner <input type="checkbox"/> Child of self, spouse or domestic partner <input type="checkbox"/> Parent of self, spouse or domestic partner or an individual who stands or stood <i>in loco parentis</i> to self, spouse or domestic partner
	2	<input type="checkbox"/> Birth of son/daughter, bonding with newborn, placement for adoption or foster care
	3	<input type="checkbox"/> Employee workers' compensation injury/illness Claim No. _____
WFCA leave is for paid leave only		Serious health condition or emergency condition of employee's: <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Parent-in-law
Pregnancy, Childbirth and Pregnancy Related Conditions (PCPRC) is for paid or unpaid leave		<input type="checkbox"/> Female King County employee temporarily disabled because of a condition related to pregnancy or childbirth
If caring for a family member, the nature of assistance to be provided includes:		<input type="checkbox"/> Basic medical needs <input type="checkbox"/> Personal needs <input type="checkbox"/> Transportation <input type="checkbox"/> Safety <input type="checkbox"/> Emergency room <input type="checkbox"/> Care of minor <input type="checkbox"/> Psychological comfort

- ☐ Approved ☐ Denied (fill in the information below when denying FMLA) because:
- ☐ Employee has not worked 12 months or more for King County within the previous seven years, and/or
 - ☐ Number of hours actually worked for King County within last 12 months were insufficient _____
 - ☐ Non-qualifying medical condition

Reason: _____

Employee name _____

Medical certification and documentation

Medical certification submitted on (date) _____ ☐ is sufficient ☐ is insufficient.

☐ The employee must resubmit a Protected Family and Medical Leave Medical Certification form on the following dates:

☐ Medical certification not yet received; employee must provide medical certification by (date)* _____

Documentation of newborn or adopted/foster child submitted ☐ is sufficient ☐ is insufficient.

*If medical certification is not submitted as required, start of leave may be delayed (if employee is already absent from work, leave may not be treated as job protected). Employee may be subject to recertification every 30 days in connection with an absence unless a minimum duration of the period of incapacity is specified in the original completed certification.

Accruals and entitlements

Before using KCFML, accrued compensatory time must be exhausted or cashed out. Please see collective bargaining agreement.

As of (date) _____, the employee has the following hours of accrued and other paid leave:

_____ Vacation leave _____ Sick leave _____ Compensatory time _____ Other (describe) _____

In the 12 months before the leave start date indicated on the Protected Family and Medical Leave Request Form, employee has used:

_____ hours/weeks of 12-week FMLA/WFLA entitlement and has ☐ _____ weeks remaining ☐ _____ hours remaining

_____ hours/weeks of 18-week KCFML entitlement and has ☐ _____ weeks remaining ☐ _____ hours remaining

Key dates

Department must notify Benefits, Payroll, Retirement Operations if and when circumstances of leave change, including return-to-work date.

_____ Employee's last day at work before ☐ intermittent leave ☐ continuous leave or ☐ reduced work schedule begins

Protected Family and Medical Leave start date and designated as (insert as many dates as appropriate):

_____ FMLA/WFLA _____ KCFML _____ WFCA _____ PCPRC _____ FMLA/military service

_____ Anticipated date employee enters an unpaid status (exhausted own accruals)

_____ Donated leave begins (if applicable) _____ Donated leave ends (if applicable)

_____ First actual date of employee's unpaid status begins and will be concurrently designated as:

☐ FMLA/WFLA ☐ KCFML ☐ PCPRC (check all that apply)

_____ FMLA/WFLA leave ends _____ KCFML leave ends _____ PCPRC leave ends

_____ Protected Family and Medical Leave (anticipated) return-to-work date

_____ Actual return-to-work date

Additional employee responsibilities

- Employee must notify supervisor and department human resources contact or designee if and when circumstances of leave change.
- Employee must notify supervisor and department human resources contact or designee at least two days before date employee intends to return to work, including return-to-work date.
- Failure to notify or provide medical certification/releases as required may affect employment status and right to return to work.
- For more information, employee may contact his/her supervisor or department human resources contact or designee.
- Department human resources contact or designee name: _____ Phone: _____

Supervisor or department human resources contact or designee

I am authorized to approve protected family and medical leaves of absence. I will provide copies of this completed form to the employee and Benefits, Payroll and Retirement Operations and notify both if and when there are changes to the circumstances of the leave, including return-to-work status.

Signature _____ Date _____

Printed name _____ Mail stop _____

Department/work group _____ KC No _____

Contact phone (_____) _____ Date copies sent _____

☐ Employee copy ☐ Benefits, Payroll and Retirement Operations copy ☐ Department medical ☐ Department payroll copy